

PROV: 1000000

VERMONT MEDICAID REMITTANCE ADVICE
LTC AND PROFESSIONAL
RA DATE: 05/31/2006

RA NUM: 0000657543

PAGE NUM: 1

#1

#2

**** SEND ALL INQUIRIES TO EDS, NOT TO THE OVHA ****

THE OVHA PERSONNEL IN WATERBURY HAVE BEEN RECEIVING AN UNUSUAL NUMBER OF COMMUNIQUEES WHICH ARE HAVING TO BE SENT ON TO EDS FOR RESEARCH AND PROCESSING. WE HOPE THIS CLARIFICATION WILL HASTEN THE TURN-AROUND FOR YOU.

1. WHEN THE DENIAL OF A CLAIM REQUIRES CORRECTIVE ACTION OR INFORMATION, MAKE THE CORRECTION &/OR ATTACH THE REQUESTED INFORMATION AND RESUBMIT TO EDS.
2. WHEN THE PROVIDER DISAGREES WITH THE DENIAL, CONTACT THE EDS PSU BY PHONE OR IN WRITING WITH AN EXPLANATION. THIS IS KNOWN AS AN "INQUIRY". IF THE SITUATION IS SUCH THAT EDS CANNOT RESOLVE IT, EDS WILL TAKE IT TO THE APPROPRIATE PERSON AT THE OVHA FOR REVIEW AND FINAL DECISION.

THE OVHA PERSONNEL PROCESS NEW ISSUES AND POLICY CHANGES. THE EDS PERSONNEL PROCESS CLAIMS AT A MUCH MORE DETAILED LEVEL AND ARE ABLE TO RESEARCH AND PRESENT THE ISSUE BASED ON ACTUAL CLAIMS SUBMITTED AND DENIED. THERE ARE ONLY RARE SITUATIONS WHEN EDS WILL INSTRUCT YOU TO CONTACT THE OVHA DIRECTLY.

#3

#1--Provider Number
#2--Date of Remittance Advice
#3--Notes and Updates (may or may not impact the School Based Health Program)
#4--Name and address of supervisory union

VERMONT SUPERVISORY UNION, MEDICAID
11 ELM ST
MONTPELIER VT 05602

#4

PROV: 1000000

VERMONT MEDICAID REMITTANCE ADVICE
LTC AND PROFESSIONAL
RA DATE: 05/31/2006

RA NUM: 0000657543

PAGE NUM: 2

RECIPIENT NAME	MID	ICN	HVER	PT ACCT/RX #	BILLED AMT	ALLOWED AMT	OI AMT	LIAB AMT	COPAY AMT	PAID AMT
HEADER MESSAGE										
DNUM DVER	FDOS	TDOS	PROC + MODS		QTY BLD					
DETAIL MESSAGE										

PAID CLAIMS

CLAIM TYPE: HCFA1500

BARRET ANN 001 00	02/01/06	008461234 2/28/06	402002142058944 T1018 U4UB	00	100000T99 1.00	1800.87	1800.87	0.00	0.00	0.00	1800.87
HASTING CHR 001 00	03/01/06	009647268 03/31/06	402002142058945 T1018 U1UC	00	100000T99 1.00	219.59	219.59	0.00	0.00	0.00	219.59
SMITH RYA 001 00	04/01/06	008446624 04/30/06	402002142058946 T1018 U2UC	00	100000T99 1.00	553.66	553.66	0.00	0.00	0.00	553.66
STCYR WIL 001 00	01/17/06	009648832 01/17/06	402002142058947 T1024 TM	00	100000T99 1.00	625.00	625.00	0.00	0.00	0.00	625.00
THAYER BRI 001 00	02/07/06	008783781 02/07/06	402002142058948 T1018 TM	00	100000T99 1.00	1125.00	1125.00	0.00	0.00	0.00	1125.00
CLAIM TOTALS:						4324.12	4324.12	0.00	0.00	0.00	4324.12

TOTALS FOR CLAIM TYPE: HCFA 1500

PAID CLAIM(S) TOTALS:

5 CLAIM(S)

5 CLAIM(S)

4324.12	4324.12	0.00	0.00	0.00	4324.12
4324.12	4324.12	0.00	0.00	0.00	4324.12

#1--Student Name	#9--Claim Type (Frequency)
#2--Beginning Date of Service	#10--Billed Amount
#3--Ending Date of Service	#11--Paid Amount
#4--Medicaid ID#	#12--Detail Number
#5--ICN	#13--Number of Paid Claims
#6--Procedure Code and Modifiers	#14--Total Paid Claim
#7--Provider Number, School District Code, Local Use Code	
#8--Units	

PROV: 1000000

VERMONT MEDICAID REMITTANCE ADVICE
LTC AND PROFESSIONAL
RA DATE: 05/31/2006

RA NUM: 0000657543

PAGE NUM: 3

RECIPIENT NAME	MID	ICN	HVER	PT ACCT/RX #	BILLED AMT	ALLOWED AMT	OI AMT	LIAB AMT	COPAY AMT	PAID AMT
HEADER MESSAGE										
DNUM DVER	FDOS	TDOS								
DETAIL MESSAGE		PROC + MODS		QTY BLD						

DENIED CLAIMS

CLAIM TYPE: HCFA1500

CHANE ALE	#15	009123655	402002142058957	00	1000000T98	1					
0009/140		0.00									
001 00		04/11/06	04/11/06		T1018 TM	1.00	1,125.00	0.00	0.00	0.00	0.00
0777/17	#16		1,125.00								
CLAIM TOTALS:							1,125.00	0.00	0.00	0.00	0.00

DRAKE NAT		009724556	402002142058950	00	1000000T94	1					
001 00		05/13/06	05/13/06		T1018 TM	1.00	1,125.00	0.00	0.00	0.00	0.00
740/35	#16										
CLAIM TOTALS:							1,125.00	0.00	0.00	0.00	0.00

TOTALS FOR CLAIM TYPE: HCFA 1500

2 CLAIM(S) 2,250.00 0.00 0.00 0.00 0.00 0.00

DENIED CLAIM(S) TOTALS:

2 CLAIM(S) 2,250.00 0.00 0.00 0.00 0.00 0.00

#15--Header Level Denial Code - These are denials that are caused by permanent information that is not correct and needs to be changed in order for the claim to be paid.*

#16--Claim Level Denial Code - These cover all other denials.*

* Explanation for denial codes are on the last page of the RA.

RECIPIENT NAME	MID	ICN	HVER	PT ACCT/RX #	BILLED AMT	ALLOWED AMT	OI AMT	LIAB AMT	COPAY AMT	PAID AMT
HEADER MESSAGE										
DNUM DVER	FDOS	TDOS								
DETAIL MESSAGE				QTY BLD						
		PROC + MODS								

ADJUSTED CLAIMS

CLAIM TYPE: HCFA1500

FERRAR	ALE		008623771	402002113056388	00	1000000T91	1						
001	00	02/01/06	02/28/06	T1018 UIUC		1.00	219.59	219.59		0.00	0.00	0.00	219.59
ORIGINAL CLAIM TOTALS:							219.59	219.59		0.00	0.00	0.00	219.59
RECOUPMENT TO ORIGINAL CLAIM - PAID DATE 05/03/06 RECOUPMENT AMOUNT:									219.59-				
FERRAR	ALE		008623771	402002113056388	00	1000000T91	8						
001	00	02/01/06	02/28/06	T1018 UIUC		1.00	219.59	0.00		0.00	0.00	0.00	0.00
ADJUSTMENT CLAIM TOTALS:							219.59	0.00		0.00	0.00	0.00	0.00

ADJUSTMENT REASON: PROVIDER - WRONG SUBMITTED CHARGE	NET ADJUSTMENT AMOUNT:	\$219.59-						
ADJUSTMENT CLAIM(S) TOTALS:	1 CLAIM(S)	219.59	0.00	0.00	0.00	0.00	0.00	0.00

SPECIAL NOTE

An adjustment can be either a recoupment of a claim or a replacement of a claim. When you recoup the claim you will see the original claim on the adjustment page and it will state the date the claim was paid. The claim will be listed again on the adjustment page and will state the total adjustment amount. If it is a replacement of a claim you will also see a paid claim, with a claim type of 7 listed in the paid section of the RA.

PROV: 1000000

VERMONT MEDICAID REMITTANCE ADVICE
LTC AND PROFESSIONAL
RA DATE: 05/31/2006

RA NUM: 0000657543

PAGE NUM: 5

RECIPIENT NAME	MID	ICN	HVER	PT ACCT/RX #	BILLED AMT	ALLOWED AMT	OI AMT	LIAB AMT	COPAY AMT	PAID AMT
HEADER MESSAGE										
DNUM DVER	FDOS	TDOS								
DETAIL MESSAGE										

SUSPENDED CLAIMS

CLAIM TYPE: HCFA1500

GUILEME JOS	008662774	402002136054588	00	1000000T95	1						
001 00	12/01/05	01/31/06		T1018 UIUC	1.00	329.38	329.38	0.00	0.00	0.00	0.00
CLAIM TOTALS:						329.38	329.38	0.00	0.00	0.00	0.00
RUMME ANN	009326641	402002140109023	00	1000000T96							
001 00	07/26/05	07/26/05		T1024 TM	1.00	625.00	625.00	0.00	0.00	0.00	0.00
CLAIM TOTALS:						625.00	625.00	0.00	0.00	0.00	0.00

TOTALS FOR CLAIM TYPE: HCFA 1500

2 CLAIM(S) 954.38 954.38 0.00 0.00 0.00 0.00

SUSPENDED CLAIM(S) TOTALS:

2 CLAIM(S) 954.38 954.38 0.00 0.00 0.00 0.00

SPECIAL NOTE

Claims are put into suspension for various of reasons. One reason is EDS performs random audits of claims to review on a regular basis. Another reason is the claim you put in has been flagged by the system. It could be you have multiple claims that look similar for the same recipient, or that you have adjusted the claim multiple times, or many other reasons that cause the system to flag your claim. Once a claim goes into suspension it can take some time for it to be released.

PROV: 1000000

VERMONT MEDICAID REMITTANCE ADVICE
LTC AND PROFESSIONAL
RA DATE: 05/31/2006

RA NUM: 0000657543
PAGE NUM: 6

FINANCIAL ITEMS

CCN	A/L NUM	MID	ICN	HVER	DNUM	DVER	TXN DATE	ORIG AMT	BAL AMT	FRSN/8RSN
532002144000756	552002144000756	008667248		00	01	00	05/24/06	219.59	219.59	149 WO
502002144000717	552002144000756						05/24/06	219.59	219.59-	103 AM

*** FINANCIAL REASON CODES ***

103 WEEKLY PAYMENT APPLIED TO ACCOUNTS RECEI
149 AUTO RECOUPMENT - ORIGINAL CLAIM

*** 835 PLB ADJUSTMENT REASON CODES ***

AM SUPPLIED TO BORROWER' ACCOUNT
WO OVERPAYMENT RECOVERY

SAMPLE

PROV: 1000000

VERMONT MEDICAID REMITTANCE ADVICE
LTC AND PROFESSIONAL
RA DATE: 05/31/2006

RA NUM: 0000657543

PAGE NUM: 7

EARNINGS DATA

	CURRENT	YEAR - to - DATE
NUM OF CLAIMS PROCESSED	8	112
CLAIMS PAID AMOUNT	4,324.12	17,711.83
SYSTEM PAYOUT AMOUNT	0.00	0.00
MANUAL PAYOUT AMOUNT	0.00	0.00
RECOUP AMOUNT WITHHELD	219.59	358.00
PAYMENT AMOUNT	4,104.53	17,353.83
CREDIT ITEMS	0.00	0.00
NET ADJUSTMENT AMOUNT	219.59-	358.00-
NET 1099 ADJUSTMENTS	0.00	0.00
COVERED DAYS INCLUDING NURSERY	0.00	0
NET EARNINGS	4,104.53 ← #17	17,353.83 ← #18

#17--The net amount earned on the current RA after all paid claims, adjustments, and recoupments

#18--Amount paid year-to-date based on calendar year

#19--Denial code explanations

EOB MESSAGE CODES

0009 BENEFICIARY NAME/NUMBER DOES NOT MATCH OUR FILES

0740 IEP COMPREHENSIVE EVALUATION (T1018 TM) IS LIMITED TO ONCE PER 3 YEARS PER CHILD.

0777 DENIED SERVICE, PLEASE SEE HEADER EOB INFORMATION

**REGULAR 835 CLAIM ADJUSTMENT REASON MSG. CODES*

140 PATIENT/INSURED HEALTH IDENTIFICATION NUMBER AND NAME DO NOT MATCH

17 PAYMENT ADJUSTED BECAUSE REQUESTED INFORMATION WAS NOT PROVIDED OR WAS INSUFFICIENT/INCOMPLETE. ADDITIONAL INFORMATION IS SU

35 LIFETIME BENEFIT MAXIMUM HAS BEEN REACHED

** END OF REPORT ***